#### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Whiteriver Service Unit Office of Human Resources, PO Box 860, 200 West Hospital Drive, Whiteriver, AZ 85941

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

ANNOUCEMENT NUMBER: OPENING DATE: CLOSING DATE: WRSU-08-015-OC 01-01-08 12-31-08

POSITION TITLE/SERIES/GRADE: Physician Assistant, GS-0603-09/11

GS-09 - \$47,757.00 per annum GS-11 - \$57,778.00 per annum

**PROMOTION POTENTIAL:** YES to GS-11

SUPERVISORY/MANAGERIAL: NO

**RELOCATION EXPENSES:** Will be paid in accordance with Federal Travel Regulations.

**APPOINTMENT/WORK SCHEDULE:** Permanent or Temporary (may be converted to permanent)

Full-Time, Intermittent, or Part-Time work schedule

AREA OF CONSIDERATION: Government Wide

**DUTY LOCATIONS:** Clinical Service Department, Whiteriver Service Unit and Cibecue Health Center

Whiteriver, Arizona

(Specify preference, Positions to be filled as vacancies occur)

JOB DESCRIPTION: Incumbent provides medical and health care for ambulatory patients, emergency cases, individuals and families. Provide diagnostic, preventive, and therapeutic health services to patients and family members in a primary care facility under guidance of a physician Performs or requests special screening and developmental tests and laboratory tests and interprets the results. Makes decisions concerning medical care needs of patients with physicians. Provides full range of emergency services or crisis intervention including life saving emergency procedures. Evaluates the medical aspects of treatment plans periodically recognizing the need for assessment by a physician or other health professional.

WHO MAY APPLY: All Sources. Federal employment status is not required. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) Current permanent competitive Federal status employees, reinstatement eligible and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- PHS Commissioned Corps Officers Current active or inactive Commissioned Officers may apply.
- Veteran's Preference Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

#### CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.

- 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
- 3. Selectee(s) are required to complete a "Declaration of Federal Employment Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
- 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
- 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
- 6. **This position is subject to rotating shifts: Days, weekends, nights and Holiday.** Some service units operate under extended service hours 7 days per week.
- 7. The incumbent may be required to travel and must possess a valid driver's license.

# QUALIFICATION REQUIREMENTS: Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet requirements. Applicants must meet the experience and/or education as follows:

A broad background of knowledge of the medical environment, practices, and procedures such as would be acquired by a bachelor's degree in a health care occupation such as nursing, medical technology, or physical therapy. Or by 3 years of responsibility and progressive health care experience such as medical corpsman, nursing assistant, or medical technicians; **AND** successful completion of a certificate or diploma program of at least 12 months, including clinical training or preceptorship, specifically designated for professional-caliber physician's assists that provided the knowledge and ability required to take a detailed medical history, to conduct a physical examination, to follow observation procedures to order and perform diagnostic and therapeutic tasks, and to exercise a degree of judgment in integrating and interpreting findings on the basis of general medical knowledge, or equivalent education and degree of judgment in integrating and interpreting findings on the basis of general medical knowledge, or equivalent education and training. **OR** successful completing of a full 4 –year program for physician assistants leading to bachelor's degree. The course of study or training must be approved by a nationally recognized professional body such as the Committee on Allied Health Education and Accreditation Bureau of Health Education Schools, or by a panel of physicians established by a Federal agency for this purpose.

<u>Education (provide copy of transcripts):</u> Applicants who have completed 3 full years of a curriculum in an accredited medical school leading to the Doctor of Medicine or Doctor of Osteopathy degree may be rated eligible for GS-9.

Applicants, who have completed the requirements for the Degree of Doctor of Medicine or Osteopathy, but who lack licensure to practice medicine in the United States, may be rated eligible for GS-11.

**Experience:** One year of specialized experience equivalent to at least the next lower grade level. The required experience must have demonstrated the ability to perform professional-caliber medical work as a physician's assistant with minimal supervision, including the exercise of a degree of judgment in integrating and interpreting diagnosis and in determining the need for referral to a physician.

Candidate must also meet licensure and minimum education requirement specified above.

<u>Selective Placement Factor (provide a copy of certification):</u> Applicants must posses current certification from the National Commission on Certification of Physician Assistants.

Exception: New physician assistant graduates (defined as individuals who have obtained a qualifying degree within 12 months of their appointment) have 52 weeks from the date they enter on duty to provide evidence of certification During this 52-week period, new physician assistant graduates will be assigned responsibilities under closer supervision than that normally expected for a certified physician assistants.

Certification is required for all Indian Health (IHS) physician assistants when moving to a position under other than the one presently encumbered. Certification for individuals will be waived only for the position they presently encumber.

#### \*\*Transcripts must be submitted with the application if substituting education for experience

\*\*\*NOTE\*\*\* Refer to OPM Operating Manual Qualification Standards Handbook or Indian Health Services Excepted Service Qualification Standard, Series <u>GS-0603</u> for complete information. Substitution of education for experience will be made in accordance with those standards. For more information, contact the servicing Human Resources office.

**TIME IN GRADE:** Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

**LEGAL AND REGULATORY REQUIRMENTS:** Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

**METHODS OF EVALUATION:** Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's).

If found qualified, your score will range from 70-100 points (not including points that may be assigned for Veteran's Preference) and will be based on your responses to the questions and information stated in your application. Please follow all instructions carefully as errors and omissions may affect your score. Your score is critical for you being referred for the job. You will be deemed well qualified if you score 85 and above.

**SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA):** On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

#### KSA's for Physician's Assistant, GS-603-09/11:

- 1. Knowledge of established concepts, principles, and practices related to health care.
- 2. Ability to elicit a clinical history and conduct a physical examination in an ambulatory care setting.
- 3. Ability to identify a medical problem and determine appropriate action to meet the problems, including referral to a physician.
- 4. Ability to establish and maintain effective working relationships with other physicians, staff, and patients.

### HOW TO APPLY/REQUIRED FORMS:

- 1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, <u>or</u> (2) Resume (see requirements in <u>Attachment A</u>).
- 2. If claming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
- 3. If claming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
- 4. Copy of latest Personnel Action (SF-50), if a current or formal employee, and/or if requesting Reinstatement Eligibility.
- 5. Copies of college transcripts. Education will not be given credit without them. To claim credit or if you are substituting education for experience, you are required to provided evidence of the education by providing a copy of your official transcripts. No credit will be given without your transcript.
- 6. Copy of current unrestricted Physician Assistant License.
- 7. Completed PL 101-630 Questionnaire (Child Care Form form attached)
- 8. Completed Selective Service Registration Form (form attached)
- 9. Written Responses to the Knowledge, Skills, and Abilities (KSA). **OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score.
- 10. Commissioned Corps Officer: (1) Curriculum Vitae, (2) Physician Assistant License, (3) complete PL 101-630 Questionnaire, (4) latest COER, and (5) current Billet Description, and (6) BIA FORM 4432 if claiming Indian Preference.

Application and required forms must be identified by this announcement number and submitted to the address below:

Office of Human Resources ATTN: Debbie Harvey, (WRSU-08-015-OC) Whiteriver Service Unit PO Box 860 200 West Hospital Drive

**200 West Hospital Drive Phone:** (928) 338-3558 **Whiteriver, AZ 85941 Fax:** (928) 338-3534

Facsimile is acceptable – this office is not responsible for incomplete transmission. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will <u>not</u> be honored. Additional information regarding Federal job opening can be obtained at <u>www.opm.gov</u>, or at USAJOBS <u>www.usajobs.opm.gov</u> or check the IHS Website at <u>www.ihs.gov</u>. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: _	(Call 928-338-3558 to contact a Human Resources Specialist.)	Date:	01/18/2008
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#### ATTACHMENT A

**Resume Requirements** - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
  - Job Title (if Federal employment, indicate series and grade)
  - Duties and Accomplishments
  - Employer's name and Address
  - Employer's name and phone number
  - Starting and ending dates of employment (month/year)
  - Hours of work per week
  - Salary
  - Indicate if you do <u>not</u> want us to contact your current supervisor (If not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do not want your current supervisor contacted for reference purposes.

#### ATTACHMENT B

- You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you
  are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or
  below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication
  your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local
  commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown
  in paragraph 3 below.
- 2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.
- 3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you <u>MUST</u> also meet <u>ALL</u> of the following:
  - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy <u>MUST</u> be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
  - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential that the position from which you will be, or have been separated.
  - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
  - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting are; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
  - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

# APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

# CERTIFICATION OF REGISTRATION STATUS

Date signed {please use ink}

Che	ck one:
{ }	I certify I am registered with the Selective Service System.
{ }	I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
{ }	I certify I have not registered with the Selective Service System.
{ }	I certify I have not reached my 18th birthday and understand I am required by law to register at that time.
NO	N-REGISTRANTS UNDER AGE 26
	ou are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular te if you are outside the United States.
NO	N-REGISTRANTS AGE 26 OR OVER
registhe (deci	ou were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer ster under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM sion through the agency that was considering you for employment by returning this statement with your written request for an determination together with an explanation and documentation you wish to furnish to prove that your failure to register was ner knowing nor willful.
PRI	VACY ACT STATEMENT
to p This	nuse information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure rovide the information requested by this statement will prevent any further consideration of your application for appointment. information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law recement or other authorized use in implementing this law.
FAI	SE STATEMENT NOTIFICATION
	lse statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by or imprisonment (Section 1001 of title 18, United States Code).
	al cionetura of individual (places use inle)
Leg	al signature of individual {please use ink}

# Addendum to Declaration for Federal Employment (OF 306) Indian Health Service Child Care & Indian Child Care Worker Positions

Item 1	15a. Agency Specific Questions
Name	e: Social Security Number:
Job T	(Please print)  Sitle in Announcement: Physician Assistant Announcement Number: WRSU-08-015-OC
	231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a a sking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or
and Hur	408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health man Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions to been found guilty of or pleaded nolo contendere or guilty to certain crimes.
To assu	are compliance with the above laws, the following questions are added to the Declaration for Federal Employment:
1)	Have you ever been arrested for or charged with a crime involving a child? YESNO
	[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]
2)	Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES
	[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]
years in	y that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 mprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a fany criminal history report made available to the Indian Health Service and my right to challenge the accuracy and extenses of any information contained in the report.

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. *Please do not send completed data collection instruments to this address*.

Applicant=s Signature

(sign in ink)

FORM APPROVED: O.M.B. NO. 0917-0028 Expires 02/28/2009